

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10-17-2025 Ending Date: 12-31-2025

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ Year-end report ☐ dissolution

Dianna L. Biancheria  
Candidate Full Name (if applicable)  
School Committee Dist C  
Office Sought and District  
8 Ventura Road  
Residential Address  
E-mail: dbiancheria@CHARTER.NET  
Phone # (optional): 508 8684212

CTE Dianna L. Biancheria  
Committee Name  
Stephanie Watson  
Name of Committee Treasurer  
8 Ventura Road  
Committee Mailing Address  
E-mail: dbiancheria@CHARTER.NET  
Phone # (optional): 508 8684212

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3124.70</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3575.95</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6700.65</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>4468.72</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2231.93</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>BERKshire Bank</u>

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Stephanie Watson (Treasurer's signature) Date: Jan 1 - 2026

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: Jan 1 - 2026

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-31	TERESA BLAIR 8 HERITAGE HILL DR RUTLAND MA	500.	CPA BLAIR CONSTRUCTION RUTLAND MA
10-31	DIRENZO JOHN PO BOX 52 MILLBURY MA	250	PRESIDENT DIRENZO TOWING & RECOVERY
10-31	FALCONE, JOSEPH 82 ALVARADO AVE WORC MA	100	FALCONE RUBACK PRESIDENT
10-31	GALLO, ROBERT BALDWIN CIRCLE Holden MA	1000.	Self employed Real Estate Developer
10-31	GIANFRANCO, Michele 26 AMERLO ST WORC MA	50	
10-31	HADDAD, Pamela 14 SATURN DR Shrewsbury MA	100	
10-24	MATT MONKIEWICZ 19 YORKSHIRE DR LYNNFIELD MA	200	CEO Kayem Foods Inc
10-31	MURRAY, TIMOTHY 11 KINNISCUTTI RD WORC MA	200	CEO/attorney WORCESTER REGIONAL CHAMBER
10-31	PETRONE, ANTHONY 16 KEELSEY DR WORCESTER MA	100	WORCESTER Police Dept
10-31	OLIVERI, ANTHONY 13 MAYORIE ST WORC MA	100	
10-31	PICCOLO, JOHN 12 GOVERNORS ST WORC MA	115.95	
10-31	PEZZELLA, ROBERT 42 GREENMOUNT ST WORC MA	125	RETIRED

Line 9: Total Receipts over \$50 (or listed above)

2840.95

Line 10: Total Receipts \$50 and under\* (not listed above)

SEE PAGE  
3

Line 11: TOTAL RECEIPTS IN THE PERIOD

SEE PAGE  
3

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-31	Russell, Nancy 30 MISCOE RD WORCESTER MA	100.	
10-31	SIMONCINI, Mary Jane 416 BOSTON TPK E SHREVEPORT MA	100.	
Line 9: Total Receipts over \$50 (or listed above)		200	
Line 10: Total Receipts \$50 and under* (not listed above)		535. <sup>00</sup>	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3575. <sup>85</sup>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-31	PRINT SOURCE 122 WEATHERSTONE DR	122 WEATHERSTONE DR	PRINTING	2037.93
11-19	ST BERNARDS CLUB	236 LINCOLN ST	Donation	150.
11-4	ST JOHN'S HALLAMEN HILL	LINCOLN ST	Donation	250
11-5	Stones Phones	Rancho Mirage CA	Phone automation	1860.79
11-28	VIKINGO MEAT RAFFLE	WOMEN'S JUNIOR FOOTBALL VIKINGO ELITE	Donation	100.
Line 12: Total Expenditures over \$50 (or listed above)				4398.72
Line 13: Total Expenditures \$50 and under* (not listed above)				70
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				4468.72

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
WORCESTER CITY CLERK

2025 OCT 27 PM 4:41

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 1-2-25

Ending Date: 10-17-25

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Dianna L Biancheria  
Candidate Full Name (if applicable)  
School Committee DIST C  
Office Sought and District  
8 VENTURA ROAD  
Residential Address  
E-mail: dBiancheria@CHARTER.NET  
Phone #: 508 868 4212

CTE DIANNA L BIANCHERIA  
Committee Name  
STEPHANIE WILSON  
Name of Committee Treasurer  
8 VENTURA Rd  
Committee Mailing Address  
E-mail: dBiancheria@CHARTER.NET  
Phone #: 508 868 4212

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1479. —

Line 2: Total receipts this period (page 3, line 12)

4955.39

Line 3: Subtotal (line 1 plus line 2)

6434.59

Line 4: Total expenditures this period (page 5, line 15)

3309.89

Line 5: Ending Balance (line 3 minus line 4)

3124.70

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

Bank of America Main St

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Stephanie Wilson (Treasurer's signature)

Date: 10-27-25

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### ☒ Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

#### ☐ Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10-27-25



## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7-21	AZZARONE, Gerald 104 SHAWNEEBURY ST	100	
6-10	BIANCULLI, LEGON JANICE ADAMS T	75	
6-10	CINIFREDO, LENNY 289 HARRINGTON WAY	100	
6-10	DE PROSPER, Cheryl 5 JOSEPH ST	100	
6-10	DIGORNO JAMES 25 WHITE DR	100	
7-13	ECONOMOU, Philip SUN VALLEY DR	100	
6-10	FALCONE, DANIELLE 2 ALVARADO AVE	150	
6-10	FISHER, CHARLON PO BOX 20039	100	
6-10	FULEY JOHN 186 FAIRMONT ST	100	
6-10	GARDELLA, Edward 5 RUSSELL CALVIN DR	60	
6-10	GIANGRANDE, Michele 26 ANGELO ST	100	
6-10	GIARUSSO, Philip 7 WESTVIEW DR	100	
7-13	GRIMALDI, SANDRA 18 EDISON ST	75	

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8-18	ILLOE LOCAL NO 4 16 TRISTER DR MEDWAY	500	UNION
6-10	MICHAEL LANAVA 877 GLOBE ST	200	MASS LOTTERY EMPLOYEE - OFFICE MANAGER
<del>8-18</del>	<del>LASAPIA, JOSEPH 738 PLEASANT ST</del>	<del>100</del>	
<del>6-10</del>	<del>MORRONE, LINDA 382 HAMILTON</del>	<del>100</del>	
7-16	NEW ENGLAND LABORERS 7 LABORERS WAY HOPKINGTON	500	UNION
<del>6-10</del>	<del>PETRONE ANTHONY 16 KELSEY DR</del>	<del>100</del>	
<del>6-10</del>	<del>PEZZALLO PAUL 197 COMMONWEALTH AVE BOSTON</del>	<del>150</del>	
6-10	PEZZALLO, ROBERT 426 GREENCOURT ST	200	RETIRED
7-15	PLUMBERS & PIPEFITTERS LOCAL 4 - 150 HARTWELL ST WEST BOYKSTON	250	UNION
<del>6-10</del>	<del>RAWAN, BRUCE 5 AYRSHIRE RD</del>	<del>100</del>	
<del>6-10</del>	<del>SIMONE JOSEPH 20 TORONITA AVE</del>	<del>100</del>	
8-18	SIMONCINI, KENNETH 415 BOSTON TURNPIKE ST 315 SARASBURRY	100	
8-10	SOUCY, SHANEL 12 MORNINGSIDER RD WALC	285.59	ELECTRICIAN -
8-22	TEAMSTERS EDUCATION FUND LOCAL 170 DRIVE FUND RT 20	200	UNION
6-10	WORCESTER COUNTY ITALIAN CULTURAL 35 NATURAL HISTORY DR	150	

Line 10: Total Receipts over \$50 (or listed above)

4295.59

Line 11: Total Receipts \$50 and under (not listed above)

660

Line 12: TOTAL RECEIPTS IN THE PERIOD

4955.59

\* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.

← Enter on page 1, line 2

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3-9	Alie 38 Union St Westfield	Westfield MASS 38 Union St	PRINTING	175. <sup>00</sup>
8-29	UNION AFL-CIO Union	400 Washington St AUBURN	DONATION EVENT	100-
7-22	FOUNDATION 200	57 AR BEAVER ST FRAMINGHAM	FLAGG DONATION	100.-
10-20	PRINT SOURCE GROUP	102 WEATHERSTONE DRIVE	PRINTING	1824.30
3-9	ST PATRICK PARADE COMMITTEE	PO BOX 20708	DONATION	75
9-29	SHREVEBURY ST ITALIAN HERITAGE PARADE COMM	AMANOIA AVE	DONATION	500.
9-15	SHREVEBURY ST ITALIAN HERITAGE PARADE COMM	AMANOIA AVE	DONATION	250.
10-15	VETERAN NEW HOPE	70 JEWES ST	DONATION	285.59

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

*\* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

3309.89

Line 14: Expenditures \$50 and under (not listed above)

**Line 15: TOTAL EXPENDITURES IN THE PERIOD**

3309.89

include the candidate or committee name and a page number on each additional page.

Enter on page 1, line 6 →

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		

*Pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

← Enter on page 1, line 8